

Medical Coder

Each time a patient receives medical care, the physician or other health professional must document the services that are provided. Since each of these encounters is unique, the medical coder assigns alpha-numeric codes that are specific to the patient's symptoms and diagnosis and identify each procedure and other service performed. This series of codes provides the insurance carrier with a detailed account of the encounter and ensures that providers are correctly compensated for their services. These codes are also important for making critical clinical decisions and for statistical research and health planning analysis.

Career opportunities include:

- Inpatient hospital coder
- Outpatient coder
- Coding abstracting analyst
- Insurance claim analyst
- Insurance fraud investigator
- Managed care organization coder
- Procedural coder
- Physician's office/clinic coder



Career Description

The medical coder must be detail-oriented and exhibit a high degree of accuracy and a working knowledge of medical terminology, anatomy, and physiology. In addition to the responsibilities described above, the medical coder must maintain current knowledge of medical coding rules and regulations pertaining especially to medical coding compliance and reimbursement and must integrate changes into the medical practice. The medical coder has an ongoing responsibility to educate health professionals regarding updates in coding rules and guidelines and to teach them how to provide accurate and detailed documentation of each patient encounter.



Employment Characteristics

The medical coder is integral to the health information management team and may work in physician offices, hospital inpatient and outpatient facilities, ambulatory surgical centers, home health care facilities, long-term care facilities, and behavioral health care organizations as well as for insurance and drug companies. Other professional opportunities include training medical coders, auditing and teaching for consulting firms, and fraud and abuse investigation for state and federal healthcare agencies. With the use of electronic medical records, many medical coders also can work from remote locations or home offices.



Salary

A 2009 survey by the American Academy of Professional Coders (AAPC) found that the annual average

salary for certified medical coders is \$44,750, versus \$38,290 for non-certified coders. Salary varies based on educational credentials, certification status, experience, position responsibilities, and geographic location, from approximately \$35,000 to \$69,000. For more salary detail, refer to <http://news.aapc.com/index.php/category/medical-coding-salary-surveys/>.



Education

To prepare for a career as a medical coder, an individual may choose from several pathways, including on-the-job training with certified professional coders (CPCs), online training, book-based self-study programs, or instructor-led classroom training at a community college or trade school.



Certification

Several organizations offer certification for medical coders; nationally recognized organizations include the AAPC and American Health Information Management Association (AHIMA). Certification exams are proctored and take up to six hours to complete. Online exams are recognized by other certification organizations.

Continuing education is imperative for medical coders to stay current in a rapidly changing industry. A medical coder certified with the AAPC, for example, must complete 32 continuing education units (CEUs) every two years to maintain certification. CEUs may be earned by attending workshops, local chapter meetings, and state and national conferences as well as by presenting at conferences, reading articles and then taking a quiz in the Coding Edge, and participating in qualifying Webinars.



Inquiries

Careers, Program Accreditation, Certification

American Academy of Professional Coders (AAPC)
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